

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004692

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 406

STATE FILE NUMBER

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Richmond Hts.

Length of stay in 1b

3 Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY

OR TOWN Webster Groves

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 408 Baker

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

JAMES

Middle

Last

SUTLIFFE

4. DATE OF DEATH

Month

Feb.

Day

5

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-2-1963

9. AGE (last birthday)

0

IF UNDER 1 YEAR

Months 0 Days 3

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Richmond Hts., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lee F. Sutcliffe

13b. MOTHER'S MAIDEN NAME

Margaret Conboy

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCE

(Yes, no, or unknown) No

(If yes, give war or dates) None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lee F. Sutcliffe 408 Baker

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Anoxia - CNS Damage

INTERVAL BETWEEN ONSET AND DEATH

4d

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

secondary to cord around neck

4d

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

2-2-63

2-5-63

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6:20 A. to 2-4-63 and last saw him alive on 2-4-63

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond J. LaDre, M.D.

22b. ADDRESS

35 N. Central - Clayton 5, Mo

22c. DATE SIGNED

2-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 8th-1963

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cem.

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

2-5-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

Dr. R. LaDriere Pa. 1-0380
35 N. Central Ave. 1-452

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Dunn

Licensed Embalmer No. 4527

P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.